STATEMENT OF

RECEIVED 7012 NOV 15 ANTI: 28

FEC FORM 1		ORGANIZATION				FEC MAIL CENTER		
NAME OF COMMITTEE (ir	n full)		ck if name anged)		mple:If typing, type the lines.	12FE4M5	Office Use Only	
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ADDRESS (number and street) (Check if address is changed)		P. O. I	30X 66	731	3			
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				CITY		STATE	ZIP CODE	i
COMMITTEE'S E-MA	address		_		dress) ecutiveBoard	ds@gma	ail ₋ com	
COMMITTEE'S WEE	PAGE ADD	RESS (URL)						
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2. DATE 11	l" ′1°0	°′ 201	ž [*]					
3. FEC IDENTIFIC	CATION NU	IMBER	С					
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)			
I certify that I have		PFT	and to the bes	_	knowledge and belief it	is true, correct	and complete.	
Signature of Treasur	er	Leters	in The	-p		Date 11	" ′ 10° ′ ž	0 1 12
NOTE: Submission of	•	•		-	oject the person signing to		-	.S.C. §437g.
Office Use Only					For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM (Revised 02/20	1